

Ararat Youth Basketball League

Harpswell 2009-2010

A great program of basketball instruction and team play, all while emphasizing good sportsmanship and fun for all.



FREE! Program is sponsored by a benefactor.

Open to all boys and girls in grades 3-6, who live in Harpswell.

Dates: November 16, 2009 thru February 13, 2010.

Team Divisions: Grades 3&4 girls; 3&4 boys; 5&6 girls; 5&6 boys.

Team Practices: Weekdays at the school gyms. Individual coaches will set the practice schedules.

****Photos and videos taken may be used for local publicity****

Registrations are due October 19, 2009

NO ON-SITE REGISTRATIONS

Please register on time. Registration ends when teams are filled.

Fill out attached form and mail to : Town of Harpswell, Recreation Dept., PO Box 39, Harpswell Maine 04079



Ararat Youth Basketball League

Registrations are due October 19, 2009

PLEASE PRINT ALL INFORMATION CLEARLY

Child's Name _____ Boy _____ Girl _____ Grade _____

Address _____

Town _____ Zip _____

Home Phone _____

School: Harpswell Islands _____ West Harpswell _____

Mother/guardian Name _____

Work Phone _____ Cell Phone _____

Father/guardian Name _____

Work Phone _____ Cell Phone _____

Email(veryimportant) _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Phone #1 _____ Phone #2 _____

Name _____ Relationship _____

Phone #1 _____ Phone #2 _____

MEDICAL AND SOCIAL INFORMATION

(Medical, social or emotional information that will help coaches and officials assure the best experience for your child.)

List Here _____

Physician _____ Phone _____

Address _____

Dentist _____ Phone _____

Address _____

Preferred Hospital _____

Medical Insurance Carrier _____ Policy # _____

Office use only:

RELEASE FROM LIABILITY

#R6440

In consideration of the permission granted to my child by the Harpswell Youth League to participate in the basketball games, practices and other activities during the Fall and winter of 2009-2010, I _____ (parent/guardian), hereby release and discharge the Ararat Youth Basketball League, its agents and officers, RSU 75 and Town of Harpswell from all actions, causes of action, damages, claims or demands which I, my heirs, executors and assigns may have against the aforementioned parties, for all personal injuries, known or unknown, which my child has or may incur by participation in the above mentioned activities. I realize I must provide my own accident/health insurance for injuries that my child may sustain while participating in the above mentioned activities. I give the supervisor permission (in my absence) to obtain whatever medical treatment may be necessary in the event of injury.

DATE _____ SIGNATURE _____ (parent/guardian)

PLEASE RETURN COMPLETED FORM TO TOWN OFFICE